

## STANDARD RIGHT-TO-KNOW REQUEST FORM

<b>DATE REQUESTED:</b> <u>2019-08-26</u>				
REQUEST SUBMITTED BY:	☑ E-MAIL	□ U.S. MAIL	□ FAX	□ IN-PERSON
REQUEST SUBMITTED TO (Age	ency name & add	lress): Philadelphia Polic	e Department	
750 Race Street, #203, Philadelphia, PA	19106			
NAME OF REQUESTER : Nik Hat	ziefstathiou			
STREET ADDRESS: Dept MR 794				
CITY/STATE/COUNTY/ZIP(Requ				
TELEPHONE (Optional):		_ EMAIL (optional)	79413-00048076	@requests.muckrock.com
RECORDS REQUESTED: *Provide Please use additional sheets if		detail as possible so the	e agency can idei	ntify the information.
See Attached				
DO YOU WANT COPIES?   YE	S □ NO			
DO YOU WANT TO INSPECT THE RECORDS?   YES NO				
DO YOU WANT CERTIFIED CO	PIES OF RECORI	DS? □ YES ☒ NO		
DO YOU WANT TO BE NOTIFIE	D IN ADVANCE I	F THE COST EXCEE	DS \$100? 🗵 YE	ES □ NO
		Y OF THIS REQUEST YOU WOULD NEED		
	FOR AG	ENCY USE ONLY		
OPEN-RECORDS OFFICER:				
□ I have provided notice to appropriate third parties and given them an opportunity to object to this request				
DATE RECEIVED BY THE AGE	NCY:			

## \*\*Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)

**AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:**